

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/980,534

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	DEP.	IND.	IND.	DEP.	IND.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	1						51									
2		1					52									
3		12					53									
4		13					54									
5		14					55									
6		15					56									
7		16					57									
8		17					58									
9		18					59									
10	1						60									
11		1					61									
12	1						62									
13		1					63									
14							64									
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34						5	84									
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41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	4						TOTAL IND.									
TOTAL DEP.	9						TOTAL DEP.									
TOTAL CLAIMS	13						TOTAL CLAIMS									

BEST AVAILABLE COPY